MOUNT CARMEL HEALTH & REHABILITATION CENTER

5700 WEST LAYTON AVENUE

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MILWAUKEE 53220 Phone: (414) 281-	-7200	Ownership:	Nonprofit Limited Liability Company
Operated from 1/1 To 12/31 Days of Operat	tion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05)): 473	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	473	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	432	Average Daily Census:	440

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	8						
Primary Diagnosis	8	Age Groups 	*	Less Than 1 Year 1 - 4 Years				
Developmental Disabilities	2.1	Under 65	9.3	More Than 4 Years	25.7			
Mental Illness (Org./Psy)	31.7	65 - 74	14.8	İ				
Mental Illness (Other)	0.9	75 - 84	33.8	İ	100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	38.7					
Para-, Quadra-, Hemiplegic	0.2	95 & Over	3.5	Full-Time Equivalent				
Cancer	3.9	İ		Nursing Staff per 100 Resid	lents			
Fractures	2.5	İ	100.0	(12/31/05)				
Cardiovascular	7.4	65 & Over	90.7					
Cerebrovascular	18.1			RNs	8.6			
Diabetes	9.7	Gender	%	LPNs	16.9			
Respiratory	6.0			Nursing Assistants,				
Other Medical Conditions	17.4	Male	31.5	Aides, & Orderlies	58.1			
		Female	68.5					
	100.0	İ		İ				
		İ	100.0					

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	41	16.9	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	41	9.5
Skilled Care	45	100.0	325	190	78.2	132	27	100.0	132	45	100.0	181	71	100.0	132	1	100.0	350	379	87.7
Intermediate				12	4.9	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	45	100.0		243	100.0		27	100.0		45	100.0		71	100.0		1	100.0		432	100.0

Admissions, Discharges, and		Percent Distribution	i or kesidents	COHULC.	TOHS, SELVICES	, and Activities as of 12	/31/03
Deaths During Reporting Period							
				:	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	15.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		68.5	31.5	432
Other Nursing Homes	3.2	Dressing	5.6		70.1	24.3	432
Acute Care Hospitals	67.6	Transferring	16.9		68.3	14.8	432
Psych. HospMR/DD Facilities	4.5	Toilet Use	8.8		62.5	28.7	432
Rehabilitation Hospitals	1.9	Eating	20.4		72.7	6.9	432
Other Locations	7.3	********	* * * * * * * * * * * * * * * *	*****	******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	466	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.4	Receiving	Respiratory Care	5.3
Private Home/No Home Health	24.3	Occ/Freq. Incontiner	nt of Bladder	55.8	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	48.1	Receiving	Suctioning	0.0
Other Nursing Homes	7.1				Receiving	Ostomy Care	4.9
Acute Care Hospitals	12.9	Mobility			Receiving	Tube Feeding	6.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving	Mechanically Altered Diet	s 32.9
Rehabilitation Hospitals	0.9						
Other Locations	9.8	Skin Care			Other Reside	nt Characteristics	
Deaths	43.4	With Pressure Sores		5.6	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		1.6	Medications		
(Including Deaths)	449				Receiving	Psychoactive Drugs	54.4

		Ownership:			Size:	Lic	ensure:				
	This	Non	profit	2	00+	Ski	lled	Al.	1		
	Facility	Peer	Group	Peer	Group	Peer	Group		lities		
	૪	8	Ratio	ઇ	Ratio	૪	Ratio	ે	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	87.0	1.07	91.9	1.01	86.5	1.08	88.1	1.06		
Current Residents from In-County	90.7	87.6	1.04	80.1	1.13	84.9	1.07	77.6	1.17		
Admissions from In-County, Still Residing	26.6	19.2	1.39	23.2	1.15	17.5	1.52	18.1	1.47		
Admissions/Average Daily Census	105.9	172.6	0.61	106.9	0.99	200.9	0.53	162.3	0.65		
Discharges/Average Daily Census	102.0	175.8	0.58	108.2	0.94	204.0	0.50	165.1	0.62		
Discharges To Private Residence/Average Daily Census	24.8	73.1	0.34	31.8	0.78	86.7	0.29	74.8	0.33		
Residents Receiving Skilled Care	97.2	97.8	0.99	96.3	1.01	96.9	1.00	92.1	1.06		
Residents Aged 65 and Older	90.7	96.5	0.94	92.5	0.98	90.9	1.00	88.4	1.03		
Title 19 (Medicaid) Funded Residents	56.3	48.9	1.15	61.4	0.92	55.0	1.02	65.3	0.86		
Private Pay Funded Residents	10.4	31.3	0.33	19.2	0.54	22.5	0.46	20.2	0.52		
Developmentally Disabled Residents	2.1	0.4	5.54	1.0	2.14	1.1	1.83	5.0	0.42		
Mentally Ill Residents	32.6	31.3	1.04	36.8	0.89	31.0	1.05	32.9	0.99		
General Medical Service Residents	17.4	27.9	0.62	19.0	0.91	26.5	0.65	22.8	0.76		
Impaired ADL (Mean)	55.5	51.5	1.08	52.0	1.07	52.3	1.06	49.2	1.13		
Psychological Problems	54.4	62.4	0.87	61.7	0.88	58.3	0.93	58.5	0.93		
Nursing Care Required (Mean)	7.1	7.0	1.03	8.0	0.89	7.3	0.98	7.4	0.96		